## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| maintenance fee notific<br>CURRENT CORRESPONI  | Fee   | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission.  |   |  |   |  |  |
|--|---|---|---|--|---|--|--|
| MCGARRY E<br>32 Market Ave.<br>SUITE 500<br>GRAND RAPII  | BAIR PC<br>SW   | 1/2009  |   | Cort   | ificate                                     | of Mailing on Teams  | nission<br>deposited with the United<br>t class mail in an envelope<br>above, or being facsimile<br>the indicated below.   |
| GRAND RAFII  | 75, WH 49305  |   |   | CHRISTINE M.   | UDGE  |  | (Depositor's nune)   |
|  |   |   | 6   | march  | 19  | 2510   | (Signature)  |
| APPLICATION NO.  | FILING DATE   | 1   | FIRST NAMED INVENTOR  |  | ATTO  | RNEY DOCKET NO.  | CONFIRMATION NO.   |
| 10/595,479   | 12/11/2006  |   | Joseph A. Fester  |  | 71189-1893                                  |  | 1230   |
| APPLN, TYPE  | SMALL ENTITY  | INSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE   | PER   | TOTAL FEE(S) DUE   | DATE DUE   |
| nonprovisional   | NO  | \$1510  | \$300   | \$0  |   | \$1810   | 03/22/2010   |
| EXAM   | IINER   | ART UNIT  | CLASS-SUBCLASS  |  |   |  |  |
| HOPKINS,   | ROBERT A  | 1797  | 055-337000  | •  |   |  |  |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address for Change of Correspondence Address from PTONSH122) attached.      Tree Address" indication for "Fee Address" Indication form PTONSH3-47: Rev (3-92 or more recent) attached. Use of a Customer Number is required. |   |   | (2) the name of a single<br>registered attorney or a  | f up to 3 registered patent attorneys ternalityely a single firm (having as a member a sy or agent) and the names of up to fail attorneys or agents. If no name is |   |  |  |
|  | less an assignee is ident<br>h in 37 CFR 3.11. Comp   |   |   | atent. If an assigne<br>assignment.  |   |  | current has been filed for   |
|  |   | : (CITY and STATE OR COUNTRY)   |   |  |   |  |  |
| BISSELL HOMECARE, INC. GRAND RAPIDS, MICHIGAN  Please check the appropriate assignee category or categories (will not be printed on the patent):     Individual   Corporation or other private group entity   Govern   |   |   |   |  |   |  |  |
| Mease check the appropr  | iate assignee category or   | categories (will not be pr  | nted on the patent):  | Individual Cor   | poratio                                     | on or other private grou   | p entity 🚨 Government  |
|  | are submitted;  fo small entity discount p  | Payment of Foe(s): (Please first crapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby submirized to charge the gasting effect(s), any deficiency, or credit any overpoyment, to Deposit Account Number 5,20203.  (enclose an extra copy of this form) |   |  |   |  |  |
| a. Applicant claim   | tus (from status indicates<br>s SMALL ENTITY statu  | is. See 37 CFR 1.27.  | b. Applicant is no long   |  |   |  |  |
| NOTE: The Issue Fee an<br>interest as shown by the i   | d Publication Fee (if requeecords of the Limited Sta  | aired) will not b∉accepted<br>tes Patent and Frademark  | from anyone other than if<br>Office.  | ne applicant; a regist   | ered at                                     | ttorney or agent; or the   | assignee or other party in   |
| Authorized Signature   | John 2  | Modany  |   | Date 3   | 1   | 0.10   |  |
| Typed or printed name  | JøHN E. MCGAR   | KEY U   |   | Registration No  |   | 22,360   | Transaction of the State of the |
| This collection of inform<br>in application. Confident<br>submitting the completes<br>his form and/or suggesti<br>Box 1450. Alexandria, V  | ation is required by 37 C<br>ighty is governed by 35<br>application form to the<br>ons for reducing this bur-<br>irginia 22313-1450. DO | FR 1.311. The informatio<br>U.S.C. 122 and 37 CFR 1<br>USPTO. Time will vary<br>den, should be sent to the<br>NOT SEND FEES OR C  | n is required to obtain or n<br>.14. This collection is est<br>depending upon the indiv.<br>Chief Information Office<br>OMPLETED FORMS TO | etain a benefit by the<br>imated to take 12 m<br>idual case. Any con<br>r. U.S. Patent and T<br>D THIS ADDRESS.  | public<br>nutes<br>iments<br>radema<br>SEND | c which is to life (and l<br>to complete, including<br>on the amount of time<br>ark Office, U.S. Depar<br>TO: Commissioner for | by the USPTO to process) gathering, preparing, and you require to complete timent of Commerce, P.O. r Patents, P.O. Box 1450,  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.